DHS

Egypt

Demographic and Health Survey 1988

SUMMARY REPORT

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This report summarizes the findings of the Egypt Demographic and Health Survey 1988, conducted by the Egypt National Population Council. The Institute for Resource Development provided technical assistance. Financial support was provided by the U.S. Agency for International Development. Editorial and production support for this report was provided by the IMPACT project of the Population Reference Bureau.

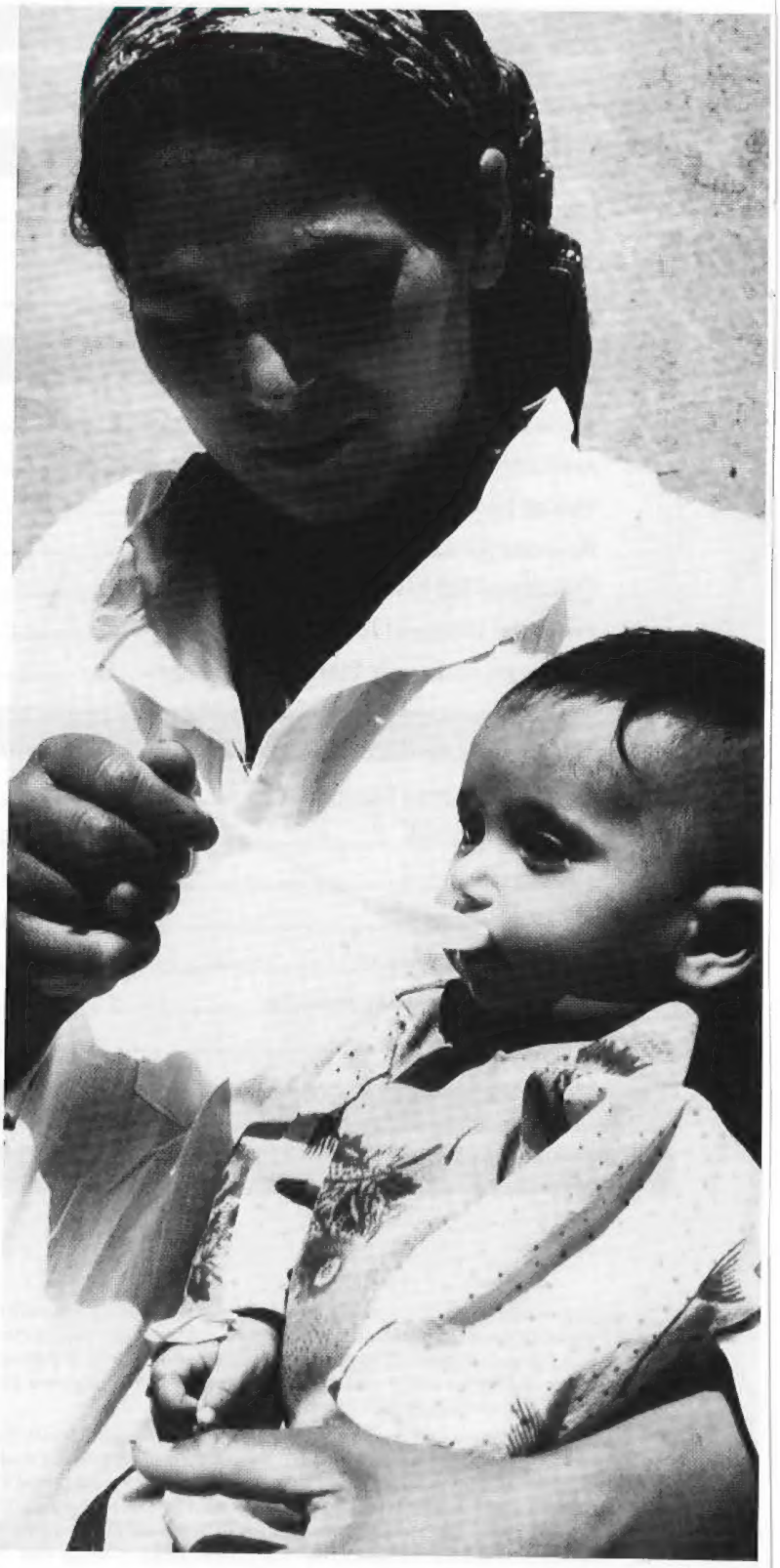
The Egypt survey is part of the worldwide Demographic and Health Surveys (DHS) program which is designed to collect data on fertility, family planning and maternal and child health. Additional information on the Egypt survey may be obtained from the National Population Council, P.O. Box 1036, Cairo, Egypt. Additional information about the DHS program may be obtained by writing to: DHS Program, IRD/Macro Systems, Inc., 8850 Stanford Boulevard, Suite 4000, Columbia, Maryland 21045, USA (Telephone: 301-290-2800; Telex: 87775; Fax: 301-290-2999).

December 1990

EXECUTIVE SUMMARY

The 1988 Egypt Demographic and Health Survey (EDHS) shows continued improvement in many health and fertility indicators. Fertility rates have declined from 5.2 children per woman at the beginning of the decade to 4.4 children in 1986-1988. Nonetheless, large differences still exist according to residence and level of education: rural and less educated women are having almost six children each.

Declining fertility in Egypt can be attributed to several factors, including a rise in the average age at marriage, maintenance of the traditional practice of prolonged breastfeeding, and, most importantly, an increase in the use of contraception among married women. Thirty-eight percent of married women are using family planning, and almost all use effective methods. Use of the IUD has doubled since 1984, to 16 percent of married women.



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The EDHS findings indicate more women may turn to family planning in the future, especially to achieve their fertility desires or to avoid high-risk pregnancies. About half of all married women say they would like to limit or space future births, but are currently not using family planning. More than one-third of the births in the five years before the survey were mistimed or not wanted, and 58 percent of the recent births were to women classified as high-risk.

At current rates, women in Egypt will have 4.4 children by the end of their childbearing years.

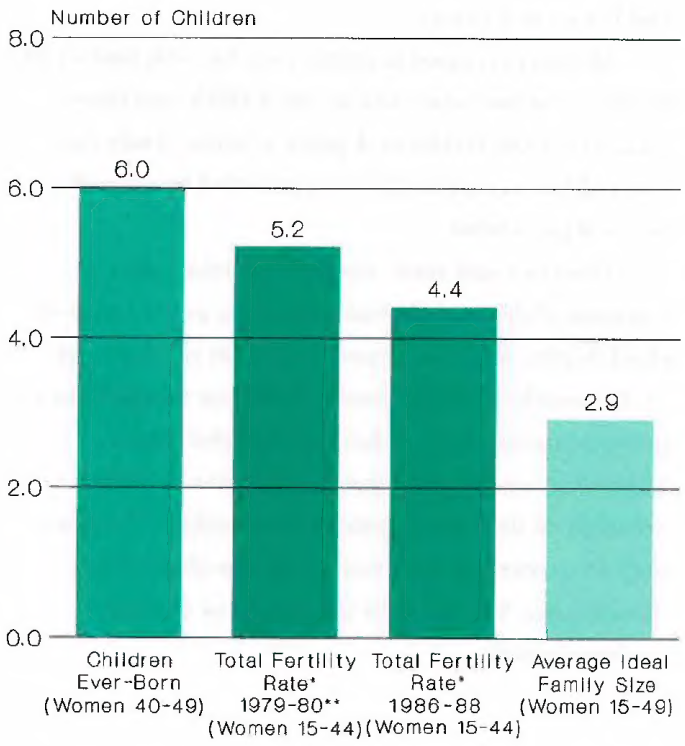
Despite almost universal recognition and approval of methods of family planning, some women may need more information. Women in rural Upper Egypt are less likely to recognize methods and only one in nine currently practices family planning. Three-quarters of the women using the pill reported having problems with the method, and many women are not taking the pill correctly. This may contribute to the high failure rate reported among pill users: one in six women who discontinued the pill in the five years before the survey became pregnant while using the method.

Infant and child health have improved in Egypt. Infant mortality has declined by half since the early 1970s; currently about one of every fourteen children dies before age one. The risk of dying is greater for certain groups of children; these include those who live in Upper Egypt, live in rural areas, have mothers with little or no education, are born less than two years after a sibling, are born to teen-age mothers or women older than age 39, or who are the seventh or higher-order child born in a family.

Mothers received prenatal care for only half of the births in the five years before the EDHS, and three-quarters of the births took place at home. Only one-third of the recent births were attended by trained medical personnel.

Diarrhea and acute respiratory infection are common childhood illnesses and are a major cause of child deaths. Mothers report that most children age 12-23 months have received at least one vaccination to protect against disease. Among children whose immunization record was seen, only one in three received all the recommended vaccinations. Another area of concern is child nutrition; one-third of the children age 3-36 months show signs of chronic undernutrition.

Figure 1
PAST AND CURRENT FERTILITY AND IDEAL FAMILY SIZE



*Average number of children a woman bears in a lifetime at the fertility rates of the period
**Egypt Fertility Survey

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BACKGROUND

The Egypt Demographic and Health Survey (EDHS) was designed to provide policymakers and program administrators with information on fertility, use of contraception and maternal and child health in Egypt. The EDHS provides recent data for the analysis of many fertility and family planning indicators previously included in the 1980 Egypt Fertility Survey (EFS) and the 1980 and 1984 Egypt Contraceptive Prevalence Surveys (ECPS). In addition, the EDHS provides some new data on health and fertility.

The survey was conducted by the National Population Council. A nationally representative sample of 8,911 ever-married women age 15-49 were interviewed between October 1988 and January 1989. Mothers provided health-related information for 7,912 children under age five, and height and weight measurements were taken for 1,907 children age 3-36 months.

Fifty-two percent of the women interviewed live in rural areas and 48 percent in urban areas. About half of the women have no formal education, 23 percent have some primary school, 10 percent have completed primary and 16 percent have at least a secondary level of education.

Egypt's population was 48 million in 1986 according to the census. About two-fifths of the population live in Lower Egypt, another one-third in Upper Egypt, and one-fifth in the Urban Governorates. Should recent growth rates continue, the country's population is expected to double by the year 2015.

FERTILITY

As has been found in many countries, a woman's status in Egypt has traditionally been associated with the number of her children, and is enhanced as her fertility increases. Although fertility remains fairly high in Egypt, the EDHS documents a trend toward smaller families. Women age 40-49, who have mostly completed their families, have an average of almost six children each. If current fertility rates continue, however, a woman age 15 will have 4.4 children by the end of her childbearing years, a decline of about 15 percent from the level of 5.2 children in 1979-80. Women's stated fertility ideals are even lower: among married women, the average ideal number of children is 2.9 (see Figure 1).

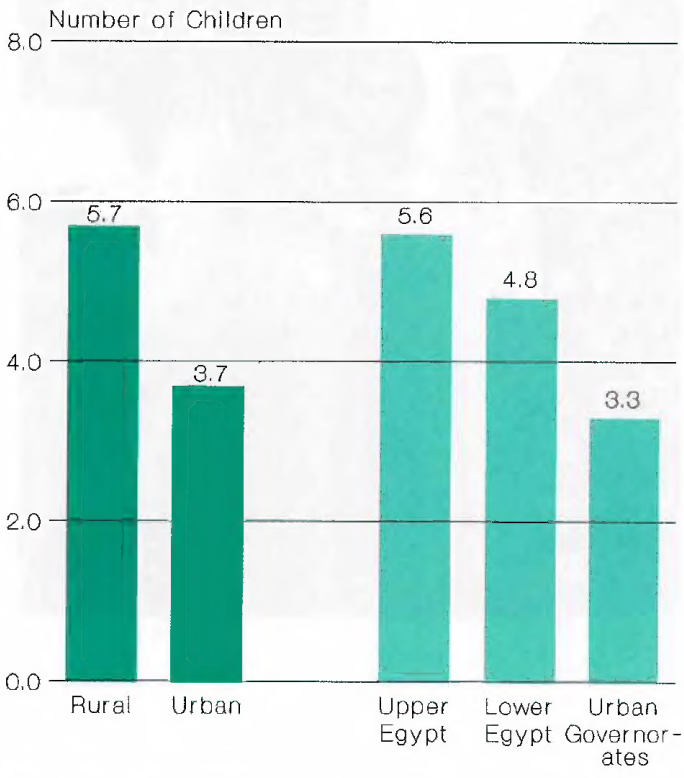
Many factors other than the desire for children influence fertility levels, however. These include a woman's place of residence, level of education, age at marriage, patterns of breastfeeding and postpartum abstinence, and contraceptive use.

Residence and Education

Women in urban areas have substantially lower fertility than women in rural areas (see Figure 2). For the five years prior to the EDHS, urban women had a fertility rate of 3.7 children, while rural women had 5.7 children, on average. Overall, the declines in fertility of the past decades have been occurring at a faster pace among urban women than among rural women. Recently, however, the decline has been greater among rural women. This trend, if continued, will lead to a narrowing of the difference between urban and rural fertility levels.

Place of residence also has an effect on fertility. In the Urban Governorates, the fertility rate is 3.3 children per woman, as compared to 4.8 among women

Figure 2
FERTILITY BY RESIDENCE*



* Total fertility rate (average number of children a woman bears in a lifetime at the fertility rates during the period 0-4 years before the survey)

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in Lower Egypt and 5.6 for women in Upper Egypt. Rural women in Upper Egypt have the highest fertility, an average of 6.4 children each.

The EDHS also shows that fertility decreases as a woman's level of education increases. Egyptian women with no education are having 5.7 children on average, while those with secondary or higher education are having only 3.2 children—a difference of two-and-one-half children. This lower level of fertility among the educated women appears to have been stable in recent decades; the average number of children ever-born to educated women age 40-49 is 3.3.

Age at Marriage and First Birth

The age at which a woman marries often determines the length of her active reproductive life. Women who marry earlier tend to have more children than those who marry later. Women in Egypt have been delaying marriage. The average age at first marriage has increased from 17 years among women age 45-49 at the time of the survey to 21 years among women age 20-24. The proportion of women marrying before the legal age of 16 has been declining. Among women age 45-49, 35 percent married before age 16, while only 24 percent of women age 30-34 and 15 percent of women age 20-24 married before age 16.

Urban and educated women tend to marry much later than the average woman in Egypt and the increases observed in age at marriage have been greatest among these groups of women. Urban women age 25-49 married at age 20 on average as compared to age 17 for rural women. Women with at least a secondary school education delayed marriage on average until age 25, while half of those with no education married by age 17. Age at marriage also varies across regions in Egypt: women in the Urban Governorates married at an average age of 21, as compared to age 18 for women in Lower Egypt and 17 in Upper Egypt.

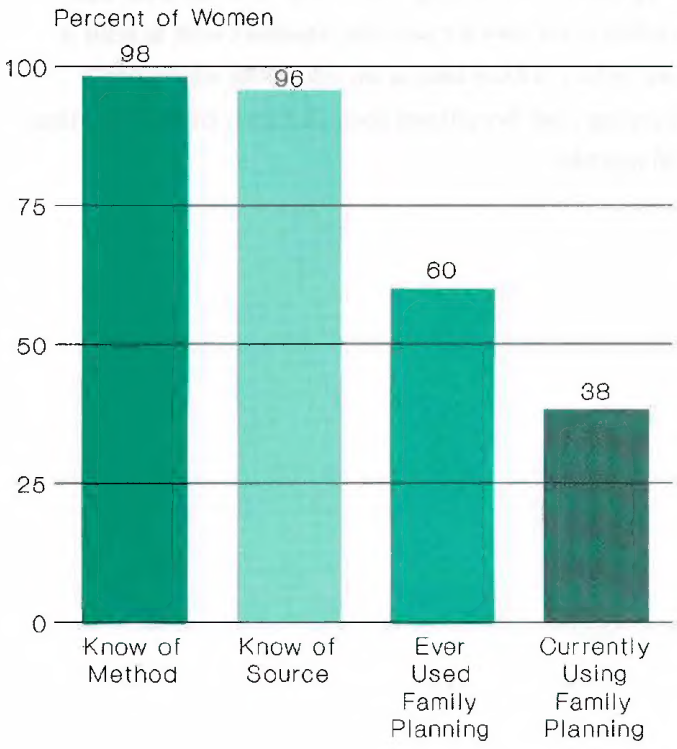
Very early childbearing can pose serious health risks for both the mother and her baby. In Egypt about 8 percent of women gave birth before age 16, and one in five women gave birth before age 18. However, there has been a decline in early childbearing over time. Nearly 30 percent of women in their late 30s and 40s had their first birth before age 18 compared to only 15 percent of women in their 20s.

Breastfeeding and Postpartum Abstinence

Following the birth of a child, the mother is not at risk of another pregnancy for some time. The length of this protected period is determined both by the practice of sexual abstinence as well as by how long a mother breastfeeds her child. Breastfeeding can delay the return of the menstrual cycle and ovulation following birth. In Egypt, the period of breastfeeding is long; children born in the three years prior to the survey were breastfed for an average of 17 months. On the other hand, mothers practiced abstinence for an average of only three months following a birth, and the average protected period following a birth lasted nine months.

Urban mothers breastfeed their babies an average of three months less than rural mothers. Similarly, more educated mothers, who are also more likely to be employed and earning cash, tend to breastfeed their children for shorter periods. Mothers with at least a secondary school education and those who work earning cash breastfeed their children slightly less than 16 months.

Figure 3
KNOWLEDGE AND USE OF FAMILY PLANNING
(Currently Married Women 15-49)



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FAMILY PLANNING

Family planning practice also affects fertility levels in Egypt. However, use of family planning is dependent on a number of factors, including knowledge of methods and service providers, acceptability of family planning and the availability of a range of methods at affordable prices.

Knowledge of Family Planning

Most women, regardless of where they reside in Egypt, recognize a method of family planning. Knowledge of at least one method has increased throughout the 1980s, from 90 percent of currently married women in 1980 to 98 percent in 1988 (see Figure 3). Almost all women know of at least one modern method (98 percent), while only 67 percent know of a traditional method. While the pill has been the most widely recognized method for many years, the EDHS documents significant increases in the proportions of women familiar with the IUD, the injection, vaginal methods and the condom. Prolonged breastfeeding is the most widely recognized traditional method.

Egyptian women also know of places to get family planning methods; virtually all know of a source for at least one method. Most women say they would go to a pharmacy or private doctor for their method.

In addition to questions about knowledge of methods and sources, women were also asked what they thought the main problem was with using specific methods. The most widely perceived problem is side effects; six in 10 women recognizing the pill and four in 10 recognizing the IUD mentioned this as a problem with the method. Many women responded that they did not know of any problems and lack of adequate knowledge of methods may be a barrier to use for some women.

Attitudes Toward Family Planning

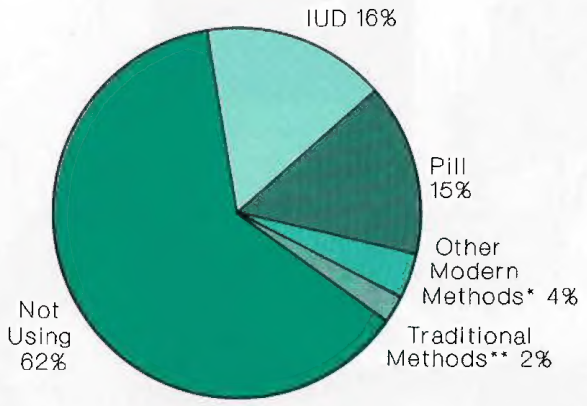
Most women who recognize a method also approve of the use of family planning. No women, however, advocate that family planning be used before the birth of the first child, and only 10 percent recommend use after one child. Women appear to be most comfortable with the idea of using family planning after a couple has two or three children. Most married women think that their husbands approve of family planning as well, although only four in 10 couples have discussed family planning in the last year and one in three has never discussed the subject.

Use of Family Planning

Use of family planning in Egypt has increased rapidly during the 1980s, from 24 percent of married women in 1980, to 30 percent in 1984, and 38 percent in 1988. Use of the IUD has doubled since 1984; 16 percent of married women are currently using an IUD, making it the most commonly used method (see Figure 4). Although the pill is a widely used method of family planning, the proportion of women using the pill declined slightly between 1984 and 1988. Only four percent of married women are using modern methods other than the pill or IUD, and only two percent are using a traditional method of family planning.

Patterns of use by geographic area and place of residence have not shifted substantially since 1984.

Figure 4
CURRENT USE OF FAMILY PLANNING
(Percent of Married Women 15-49)



*Includes: injection, vaginal methods, condom, sterilization
**Includes: safe period, withdrawal, prolonged breastfeeding and other

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Family planning use among women in urban areas is still double that of women in the rural areas. Use is greatest in the Urban Governorates (56 percent of married women), followed by Lower Egypt (41 percent) and Upper Egypt (22 percent). Use is lowest in rural Upper Egypt where only one woman in 10 practices family planning.

Thirty-eight percent of married women are using a method of family planning.

The likelihood that a woman uses family planning increases as her level of education rises. Women with at least a primary-school education are twice as likely to use family planning as women with no education.

The majority of family planning users obtain their methods from private doctors or pharmacies. Eighty-seven percent of pill users receive their supply from a pharmacy, about 8 percent go to a government facility. Forty-three percent of current IUD users went to a private doctor for the method, and 11 percent bought their IUDs from pharmacies and had them inserted by a private doctor. Most women say they are satisfied with the clinical services they receive. However, 24 percent of pill users felt they did not receive enough information, and 31 percent of IUD users said the method cost too much.

Reasons for Discontinuation

Women who stopped using a method of family planning in the five years prior to the survey gave a variety of reasons for discontinuation. Among both pill and IUD users, the most common reason given for discontinuing use was side effects; the next most frequent response was stopping to become pregnant. Almost one in six women who discontinued using either the pill or the IUD did so because she became pregnant while using the method.

Three-quarters of the women using the pill said they had a problem recently, and many may be taking the pill incorrectly.

Quality of Pill Use

Because of the apparently high failure rate among pill users in Egypt, the EDHS attempted to learn more about women's use of the method. Among the three in four pill users who were able to show the interviewer their pill packages, some had not been taking the pill correctly. Six percent had packages with no pills missing or pills taken out of sequence because they take a pill "only as needed," instead of every day, the correct procedure. Nearly one-third of pill users had not taken a pill in the last two days. Although many of these women were between cycles, 19 percent said they take the pill "only as needed," 16 percent were "resting" from the pill, and 8 percent said their husbands were ill or away—reasons that imply misunderstanding of the method (see Figure 5).

Figure 5
REASONS GIVEN FOR NOT TAKING PILLS
(Among 30% of Pill Users Who Had Not Taken a Pill in the Last Two Days)

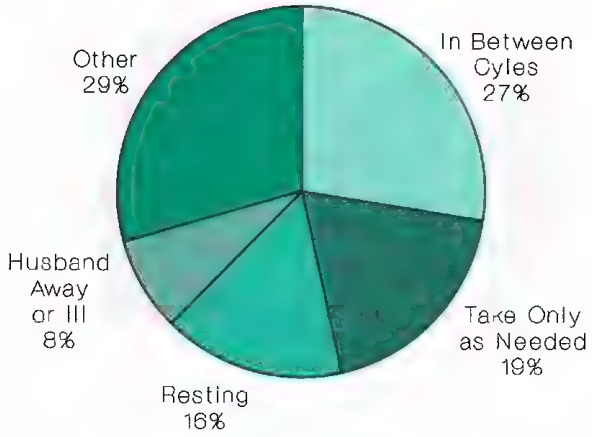

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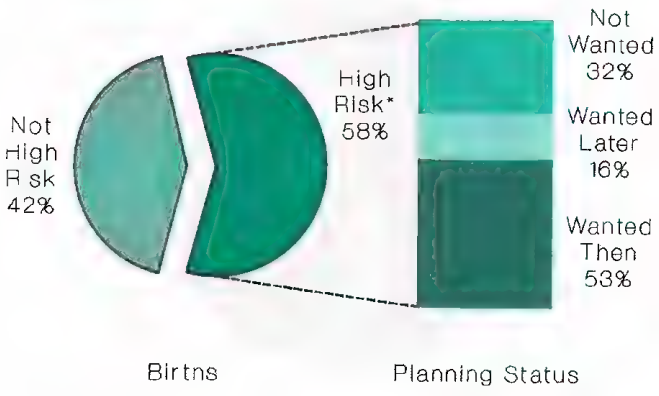
Figure 6
HIGH-RISK CHILDBEARING AND FERTILITY PLANNING STATUS
(Percent of Births in Five Years before the Survey to Women in High-Risk Categories According to Birth Planning Status)



*Classified as births to women age less than 18 or over 34, having five or more births, or after an interval of less than 24 months.

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Three-quarters of the pill users said that they had had a problem while taking the pill in the month prior to the survey. Of these women, half experienced side effects, 35 percent ran out of pills, and 17 percent forgot to take a pill. Pill users were asked what action they take when they forget to take a pill; about 40 percent say they take one pill the next day when, in fact, they should take two.

Half of all married women would like to postpone or limit childbearing, but are not currently using a method of family planning.

Potential Demand for Family Planning

In addition to the 38 percent of married women who are currently using family planning and who have a continuing need for quality services, half of all married women may need family planning to achieve their fertility desires. Among married women, one-third say they want no more children, and 17 percent say they want to delay the next birth for at least two years, but they are not using family planning. Only 40 percent of these women currently plan to use family planning in the future. Many women who would be unhappy to become pregnant soon say they are not at risk because

they are breastfeeding, menopausal, subfecund or have infrequent sex; others fear side effects or are fatalistic.

Thirty-five percent of the births in the five years prior to the EDHS either were not wanted at that time or ever. If these unwanted births had been prevented, the overall fertility rate would have been about 3.6 lifetime children per woman—or one child fewer than the actual rate.

Another group of women who may be in need of family planning are those for whom a pregnancy poses greater than average health risks. Fifty-eight percent of the births in the five years before the survey were to women classified as high-risk because of their age, their number of children or the timing of the birth (see Figure 6). More than 30 percent of these births were unwanted, and 16 percent were mistimed. Assisting these women to achieve their fertility desires would improve both their own and their children's health.

Almost three in five recent births were to women classified as high-risk.

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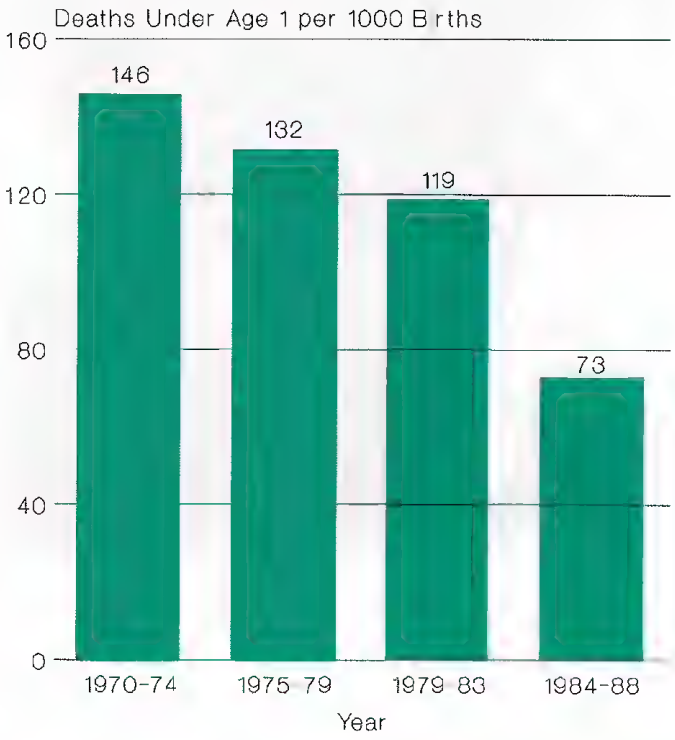
Exposure to Family Planning Messages

Television is a good medium for communicating family planning messages to Egyptian women. Three-quarters of the married women interviewed say they watch television daily and 69 percent had heard a family planning message in the month before the survey. Half of the women reported listening to the radio on a daily basis, yet only one-third had heard a family planning message recently. Rural women and women in Upper Egypt are less likely to have seen a family planning message on the television or heard one on the radio.

Figure 7
TRENDS IN INFANT MORTALITY 1970-1988*



*EFS:1970-79; EDHS:1979-88

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HEALTH

Infant and Child Mortality

Infant and child mortality levels provide indications of the standard of living and pace of development in a country. Conditions in Egypt have improved substantially since the 1970s. Infant mortality has declined by half since 1970-1974, from 146 deaths of children under age one per 1,000 live births to 73 deaths in 1984-1988 (see Figure 7). The mortality rate for children age 1-4 has also improved, from 90 deaths per 1,000 in 1974-1978 to 31 in 1984-1988.

Infant mortality has declined by half since 1974.

Infant and child survival are affected by a variety of factors, including:

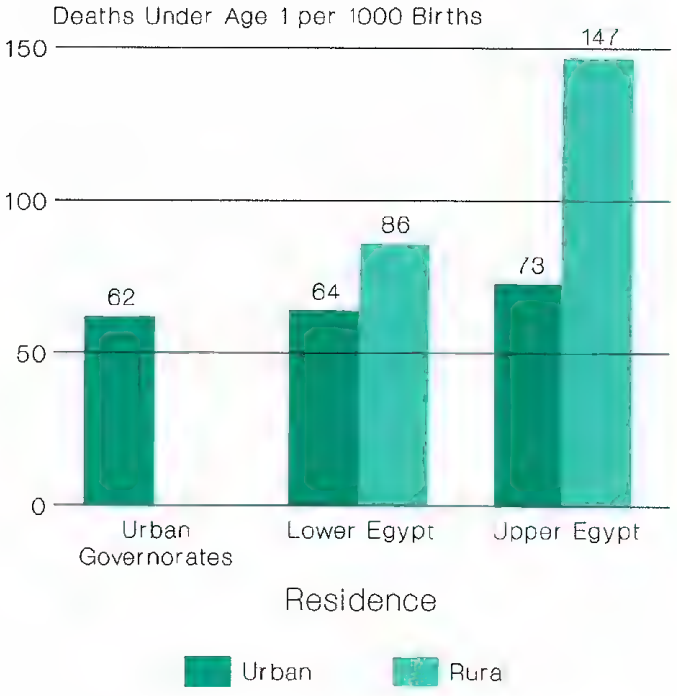
- *Residence* Children in rural areas are almost twice as likely to die before age five as urban children. In rural Upper Egypt, 15 of every 100 children born die before their first birthdays as compared to only six deaths per 100 in the Urban Governorates (see Figure 8).
- *Mother's education* Children born to mothers with no education are three times as likely to die before age one as those whose mothers have at least a secondary school education.

- *Mother's age* Children born to teen-age mothers have a 50 percent greater risk of dying before age one than those born to mothers age 20-39. Children born to women older than age 39 are also at greater risk.
- *Birth order* Seventh-born and higher-order children, who are also more likely to be born to older mothers, are one-and-one-half times more likely to die before age one than second- or third-born children.

Children born less than two years after a sibling are four times more likely to die before age one than those born after an interval of at least four years.

- *Birthspacing* Children born within two years of a previous birth are four times more likely to die before their first birthday than children born after an interval of at least

Figure 8
INFANT MORTALITY BY RESIDENCE 1978-1988



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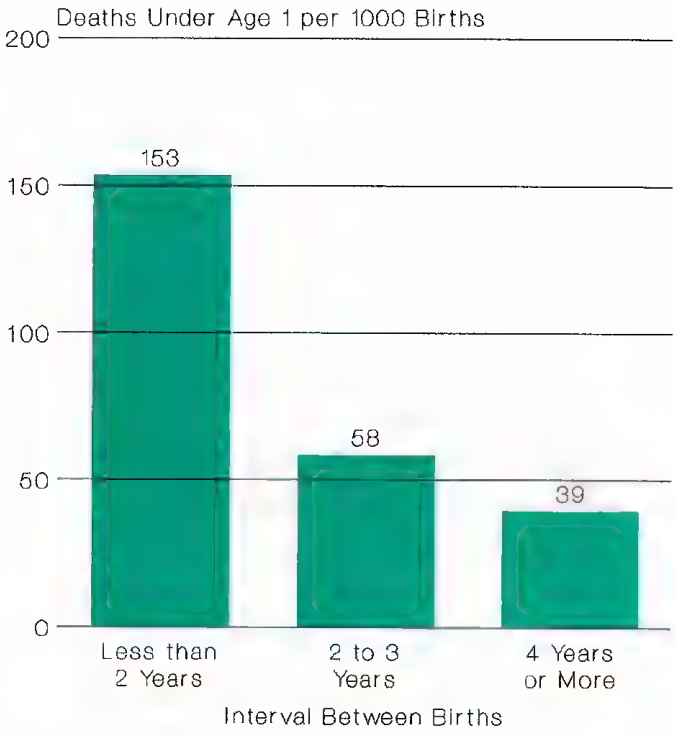
four years (see Figure 9). The EDHS data suggest that the average Egyptian woman should practice family planning for at least six months following the postpartum period of insusceptibility in order to protect the health of her children.

Breastfeeding is also important to infant and child survival. Breastmilk is the best source of nutrition during the first six months of life, and provides the infant some immunity against several diseases. More than 80 percent of Egyptian infants are breastfed for at least the first six months of life, and half are breastfed for 18 months.

Figure 9
BIRTHSPACING AND INFANT MORTALITY 1978-1988



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Maternal Health

Medical care during pregnancy and delivery is extremely important to the health and survival of mothers and children. Mothers received prenatal care for only half of the births in the five years before the EDHS; urban and more educated women are more likely to have received care. Almost all women receiving

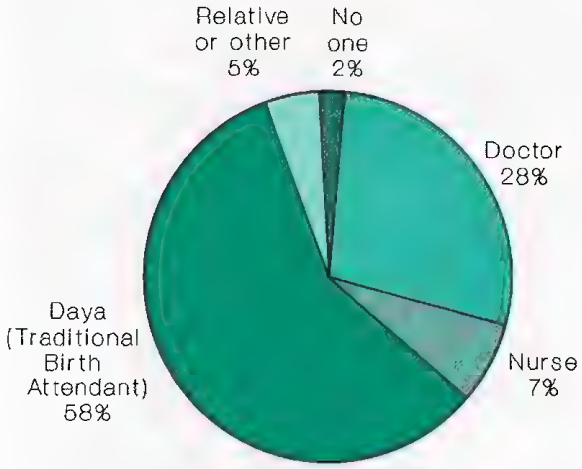
Most women give birth at home with assistance from untrained personnel.

care were seen by a doctor. For only about one in 10 births mothers received an injection to protect their baby from neo-natal tetanus—a highly fatal disease.

Seventy-five percent of recent births took place at home and about two-thirds of all deliveries were attended by a *daya* (traditional birth attendant) or relative (see Figure 10). Doctors or nurses attended about one-third of the recent births. Urban deliveries were three times more likely to be attended by a doctor or nurse than rural deliveries. Mothers with at least a secondary education were four times more likely to deliver in a hospital or clinic and to be attended by a doctor or nurse than mothers with no education.

Given that almost 60 percent of the births in the five years before the survey were considered high-risk, the lack of prenatal care and trained assistance at delivery and the prevalence of home-births are areas of concern.

Figure 10
TYPE OF ASSISTANCE DURING CHILDBIRTH
(Births During the Five Years before the Survey)



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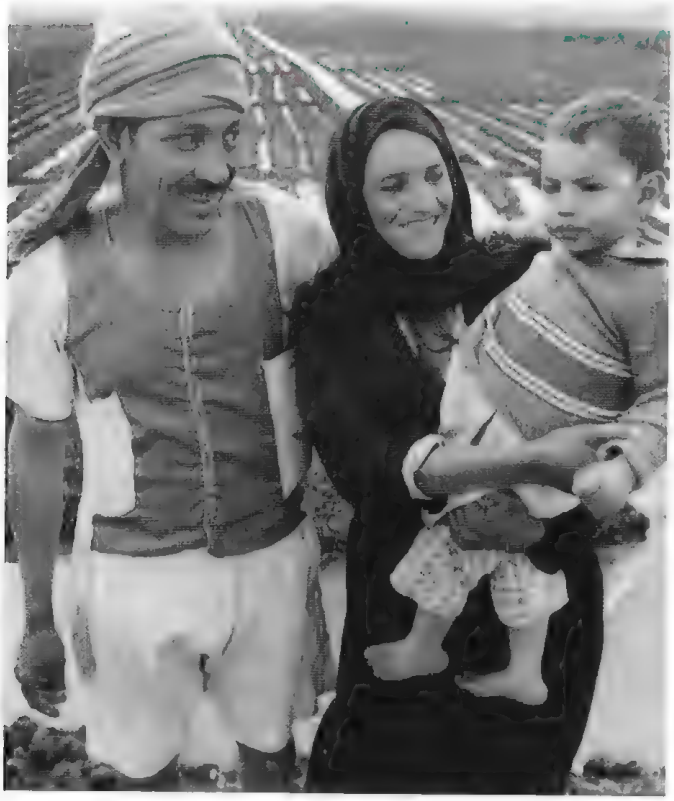

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Child Health

Vaccination

Vaccination against the six major childhood diseases — tuberculosis, diphtheria, pertussis, tetanus, polio and measles — can greatly increase a child's chance of survival. According to mothers, about nine in 10 children age 12-23 months have received at least one vaccination to prevent disease. About 60 percent of the children of this age group have a birth record documenting their vaccination status. Of these children with a written record, however, only 35 percent were fully protected against all diseases. In urban areas this proportion increases to 50 percent, and in rural areas it falls to 20 percent.

Diarrheal Disease

Diarrhea is a leading cause of illness and death among children in Egypt. More than one-quarter of the children dying in the five years before the survey had had diarrhea. Sixteen percent of children under age five had had diarrhea in the week before the survey; two-thirds of these children had received some treatment, but fewer than 30 percent were given oral rehydration therapy *(mahloul el-gaffaf)* — an effective and inexpensive treatment. Although most mothers know about oral rehydration therapy, only about one in seven actually had a packet of oral rehydration salts in the house.

Many children die from diarrheal disease or respiratory infections.

Acute Respiratory Infection

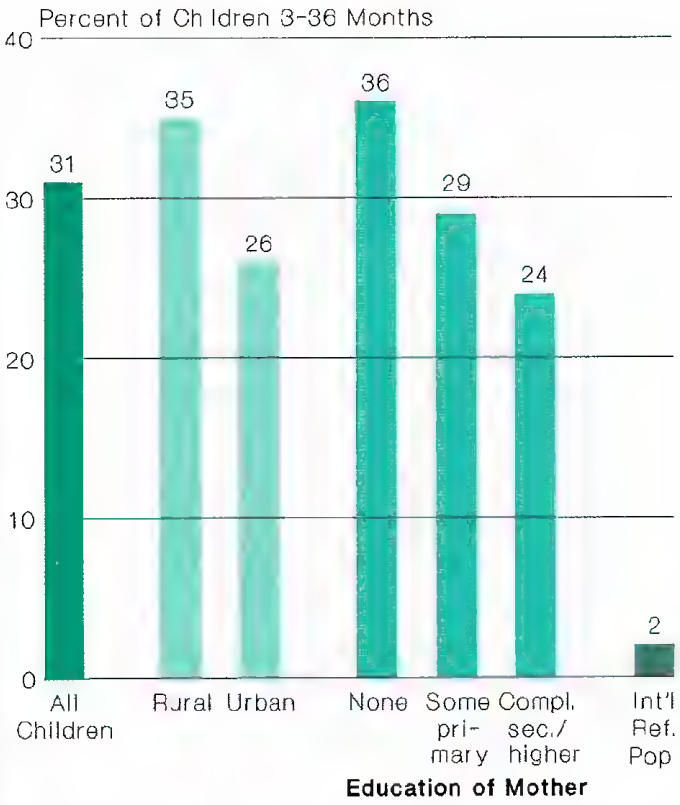
Respiratory diseases, such as pneumonia, are also common. One-fifth of the children dying in the five years before the EDHS had had a cough, a sign of a respiratory problem, before dying. In the month before the survey, one in five children had had a cough and difficult breathing, and almost half of these children had been taken to a doctor or health facility for consultation.

One in three children age 3-36 months shows signs of chronic undernutrition.

Nutritional Status

Inadequate nutrition is a problem for many children in Egypt. One in three children age 3-36 months shows signs of stunting (shortness in relation to his or her age as compared to an international standard), a result of chronic undernutrition. Certain children are more likely than others to be undernourished. These include: children age 12-23 months old; children with a recent episode of diarrhea; rural children, especially in Upper Egypt; and children whose mothers have little or no education (see Figure 11).

Figure 11
CHRONIC UNDERNUTRITION*



*Two or more standard deviations below the mean height-for-age for the international reference population

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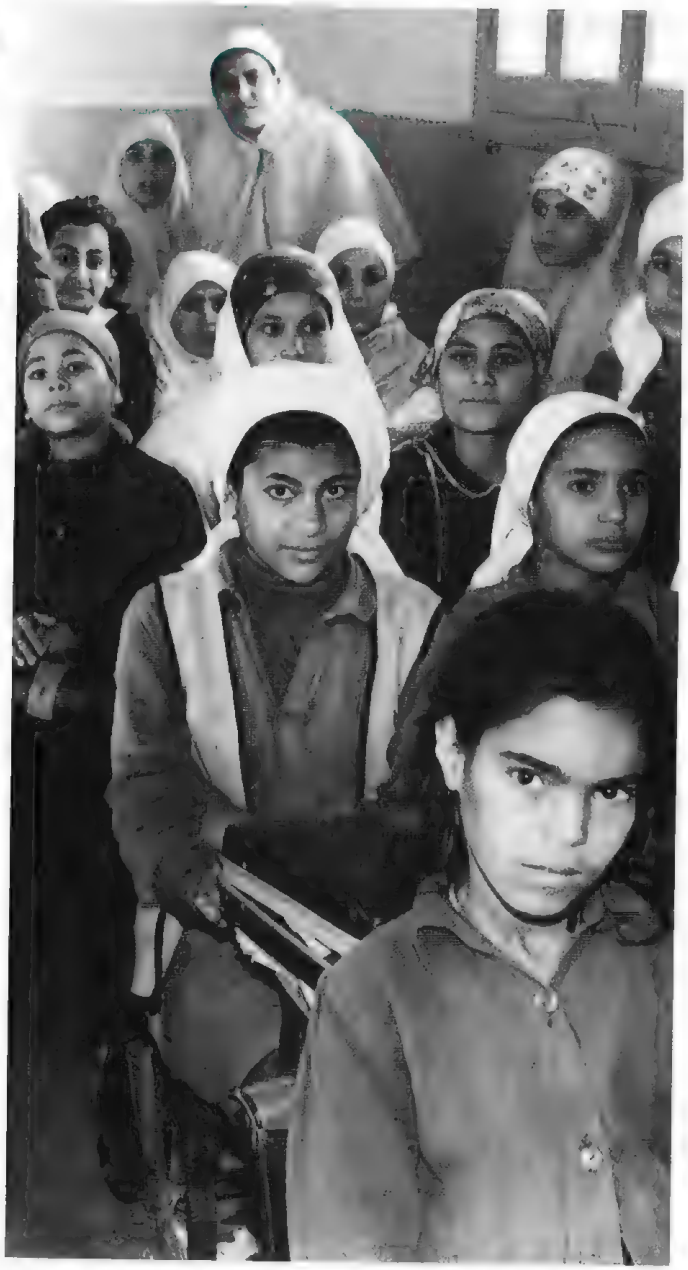
CONCLUSION

The EDHS documents continuing improvements in levels of fertility and infant and child mortality. Fertility has declined and contraceptive use has increased throughout the 1980s. Twice as many children survive to age five as did in the mid-1970s. Nonetheless, there is need for continued expansion of maternal and child health programs and, in addition, certain disadvantaged groups require special attention.

- *Women and children in rural Upper Egypt*
  Women in rural Upper Egypt tend to marry earlier, have lower levels of education and knowledge of contraceptive methods, and higher fertility than other women in Egypt. They are also more likely to disapprove of family planning. Their children have higher mortality rates, lower vaccination rates and are more likely than other children to be chronically undernourished.



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- *Women at high risk* Three in five recent births were categorized as high-risk because of the age of the mother, her number of children or the length of the preceding birth interval. Many women do not receive prenatal care or trained assistance at delivery, thus contributing to higher rates of infant and maternal mortality.
- *Women with unwanted pregnancies* Almost one in three births in the five years before the survey were not wanted then or at all. Helping these women achieve their fertility desires could reduce fertility by one child per woman.

In addition to these groups, improvements can be made in the area of family planning services.

- *Method mix* The vast majority of women practicing family planning rely on the IUD or the pill. By expanding the range of methods available and publicizing their sources of supply, the number of acceptors may increase and the rates of discontinuation decline.
- *Quality of pill use* One in six women discontinuing use of the pill during the five years before the survey discontinued because she became pregnant. Three-quarters of pill users report problems while on the pill, and many do not take the pill regularly. Improving the counseling of pill users, including discussion of expected side effects and ensuring that women know what to do if pill use is interrupted, will reduce the incidence of unintentional pregnancies.

Infant mortality has declined by half in the last 20 years. Nonetheless, many children are not receiving vaccinations to protect them from childhood diseases. Diarrheal disease, acute respiratory infections and chronic undernutrition afflict many children. Several actions could further the decline in mortality rates and improve the health of mothers and their children. Efforts should be made to:

- Educate couples about the risks to both the mother and child of too many and too closely spaced births, and of births to very young or older women.

- Expand prenatal care services, including vaccination against tetanus. Ensure that more women receive trained assistance at delivery, especially women delivering at home.
- Expand the vaccination coverage of children against childhood diseases and promote the use of oral rehydration therapy for the treatment of diarrhea.

The advances in maternal and child health made in the past decades need to be continued. By addressing the needs of more disadvantaged women and children, mortality and fertility rates will continue to decline in Egypt and the overall quality of life improve.

FACT SHEET

1986 Census, Central Agency for Public Mobilization and Statistics (CAPMAS)

Population Size (millions, 1986)	48.2

World Population Data Sheet, 1988, Population Reference Bureau, Inc.

Population Growth Rate (percent)	2.8
Population Doubling Time (years)	24
Birth Rate (per 1,000 population)	38
Death Rate (per 1,000 population)	9

Egypt Demographic and Health Survey 1988

Sample Population	
Ever-married women 15-49	8,911
Background Characteristics	
Percent urban	48.3
Percent with at least primary education[1]	26.0
Marriage and Other Fertility Determinants	
Percent of all women currently married	65.1
Percent of all women ever-married	70.5
Median age at first marriage for women 25-49	18.5
Median age at first birth for women 25-49	20.8
Mean length of breastfeeding (in months)[2]	17.3
Mean length of postpartum amenorrhea (in months)[2]	8.2
Mean length of postpartum abstinence (in months)[2]	3.2
Fertility	
Total fertility rate (projected completed family size)[3]	4.4
Mean number of children ever-born to women 40-49	6.0
Percent of currently married women who are pregnant	12.1
Desire for Children	
Percent of currently married women:	
Wanting no more children	60.5
Wanting to delay next birth at least two years	11.9
Mean ideal number of children for currently married women 15-49	2.9
Percent of unwanted births[4]	23.8
Percent of mistimed births[5]	15.5

Knowledge and Use of Family Planning

Percent of currently married women:	
Recognizing any modern method	98.2
Knowing source for any modern method	95.9
Ever using any method	59.5
Currently using any method	37.8
IUD	15.7
Pill	15.3
Condom	2.4
Female sterilization	1.5
Vaginal methods	0.4
Injection	0.1
Prolonged breastfeeding	1.1
Safe period	0.6
Withdrawal	0.5
Other traditional methods	0.2
Percent of pill users:	
Reporting any problem	72.1
Side effect	52.2
Ran out of pills	34.9
Forgot to take pill	16.8
Other	1.0
Showing packet with no pills missing or pills missing out of sequence	20.7
Percent of modern-method users obtaining methods from:	
Pharmacy	53.4
Private doctor	20.3
Government hospital	11.8
Government MCH center/FP clinic	11.3
Home delivery agent	0.6
Private family planning clinic	0.5
Other	2.0

Mortality and Health

Infant mortality rate[6]	73.1
Under five mortality rate[7]	102.0
Percent of mothers of recent births who:[8]	
Received prenatal care during pregnancy from health personnel	52.8
Received tetanus toxoid injection during pregnancy	11.4
Were assisted at delivery by doctor or nurse	34.6
Percent of children age 0-1 month breastfed	90.4
Percent of children age 4-5 months breastfed	80.2
Percent of children age 10-11 months breastfed	76.1
Percent of children under five years of age with health cards	53.3
Percent of children age 12-23 months with health cards	60.5
Percent of children age 12-23 months who have had at least one vaccination[9]	93.3
Percent of children age 12-23 months with health cards who have received the following vaccines:	
BCG	56.2
DPT (all three doses)	50.4
Polio (all three doses)	48.2
Measles	61.7
All six vaccines	34.7
Percent of children under age five:	
With diarrhea[10]	16.0
Percent with diarrhea given ORT	28.7

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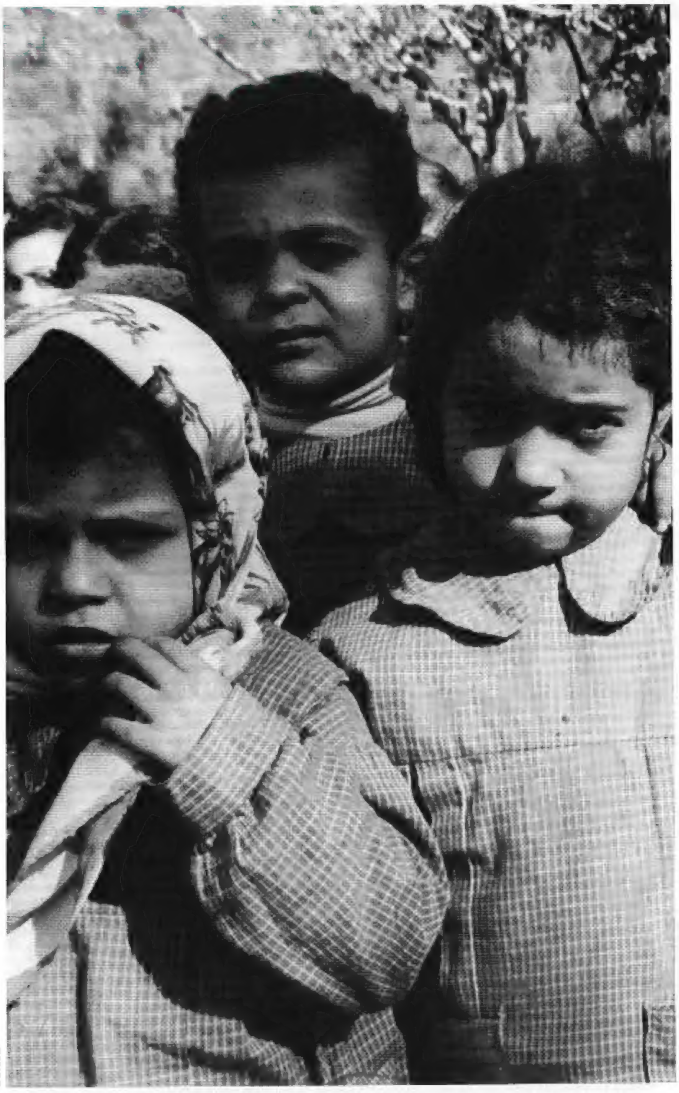
With respiratory problems[11]	20.2
Percent with respiratory problems consulting:	
Private doctor	36.9
Government health services	10.3
Pharmacy	8.2
Percent of children age 3-36 months considered chronically undernourished, based on height-for-age	30.8

[1] 6 or more years of education
[2] Current status estimate based on births within 36 months of the survey
[2] Based on births to women 15-44 years during the period four years before the survey
[4] Percent of births in the 12 months before the survey which were unwanted
[5] Percent of births in the 12 months before the survey which were wanted later
[6] Deaths of infants under age one per 1,000 live births; rates are for the five-year period preceding the survey (approximately 1984-1988)
[7] Deaths of children under age five per 1,000 live births; rates are for the five-year period preceding the survey (approximately 1984-1988)
[8] Based on births occurring during the five years before the survey
[9] Based on mothers' reports
[10] Based on children under age five reported by their mothers as having diarrhea during the seven days before the survey
[11] Based on children under age five reported by their mothers as having a cough and difficult breathing during the four weeks before the survey



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